## State of New Jersey Casino Control Commission

## CASINO KEY EMPLOYEE LICENSE REVIEW APPLICATION



Filing Due Date: Mo Yr_	License Number:	-11
-------------------------	-----------------	-----

Application for Review I expiration date of the current licens								
credit card (Visa, MasterCar	-	rican Express or Dis FUND. ALL APPLI			-			H) payable to:
Please type or print:	NIKUL	FUND. ALL AFFLI	CATION	rees an	E NON-KEF	FUNL	ADLE.	
Name:								
					FIRST			MI
*Change of Name:					TIP OT			
*Reason for change of name: Please ch	neck one: nge must	MARRIAGE Dinclude a copy of the ma	DIVORCE rriage licen	COU	RT ORDER decree or cou		OTHEI er.	R
Address:							_	
			_		Apt No.	_		
City:			State:			Z	ip:	
DOB: Weig	ght:	Height	i:		Hair: _			
**SS#:								
Phone Number: Home						Cell		
		<del></del>				CCII		
**Under the Privacy Act disclosure of your INSTRUCTIONS:	our socia	i security number is vo	oiuntary.					
Send the <b>ORIGINAL</b> and <b>ONE</b> (1) CATTACHMENTS to:	COPY of	both this COMPLETEI Casino Control C Attn: Licensi Tennessee Avenue Atlantic City, Ne	Commission ng Unit e and Board	n dwalk	ASE AUTHO	ORIZ	ATION a	nd any other REQUIRED
<ol> <li>Are you a United States citizen?</li> <li>☐ Yes ☐ No</li> <li>If no, you must submit a copy of y Service) Employment Authorization</li> </ol>								
2. Are you now or have you been empl	oyed by	any casino hotel or ap	plicant for	a casino l	notel license	since	your last	t application filing?
☐ Yes ☐ No  If yes, please complete the following you were initially licensed or since y			or most rec	cent emplo	oyment, listin	ng an	y casino ł	notel employment since
Name/Address of Casino Hot	el	From: Month/Year	To: Moi	nth/Year			Positions	s Held
3. Are you employed in any non-casing  ☐ Yes ☐ No  If yes, please complete the following		osition or any position	not identif	fied in the	previous que	estio	1?	
Name of Business		Street Address		Ci	ty St	tate	Zip	Supervisor's Name
ivanic of Dusiness		Succi Addiess		CI	iy Si	iaic	Ζıμ	Supervisor 5 Ivaille

4.	Have you been reprimanded or since your last license rev		ed, terminated, or a	sked to leave (	for any reas	son) by a	n employe	r since yo	ou were in	itially licensed	
		2. 11									
	If yes, please complete the t										
	Name/Address of Casino	Hotel	Natur	e of Action			Reaso	on		Date	
5.	Have you had any license, disciplinary action taken conlicense review?  Per No	ncerning it									
	If yes, please complete the t		27.					<b>5</b> 0	1		
	NI 4 CA 4		e of License,		Governmen			Date of	D	C A .:	
	Nature of Action	Permi	t or Certificate	Aş	gency Invol	lved		Action	Reaso	n of Action	
6.	For the purpose of this que enforcement authorities to a information, summons, or o high misdemeanors, misder vehicle offenses and violatio <b>NOTE:</b> YOU NEED NOT DISC OR SEALING IF SUCH ORDER	nswer for other notice meanors, cons of prob LOSE ANY	the alleged perform the of the alleged co- disorderly persons obtain or any other of ARREST OR CHARGE	nance of any "o mmission of ar offenses, pe tty court order. E WHICH HAS BE	ffense." The ny "offense. disorderly	ne word " ." The w offenses	charge" in ord "offer , driving	cludes ar nse" inclu while int	ny indictmoudes all fel coxicated/in	ent, complaint, lonies, cr imes, mpaired motor	
	Have you been arrested or cor since your last review?	harged, ev	ven if not convicted	l, with any crim	e or offens	e in any	jurisdiction	n since yo	ou were in	itially licensed	
	☐ Yes ☐ Yes (Ex	znunged o	r Sealed)   D	Jo							
	· ·		*	NO							
	If yes, please complete the	following:		me and Addres	.~		Data of	1			
	Nature of Charge or Offe	ence	of Law Enforcen			lved	Date of Charge		Disposition		
	rvature of Charge of Office	J115C	of Law Emolech	icht Agency of	Court mvo	ivcu	Charge		Dispos	111011	
7.	Have you been sued or name contract matters, collection had any financial liens or defaulted student loans, undo Yes No If yes, please complete the factorial ways.	matters, d judgm ent employme	ebt matters, etc.) sins filed against you nt judgments, etc.)	nce you were in (including fee	nitially lice deral and s initially lice	nsed or s tate tax	ince your liens, delin since your	last licen nquent cl last revie	se review?	Or have you	
					Date		Names of				
	Nature of Suit		Name/Address of C	Court	Filed	Other	Parties Inv	volved	Dis	position	
	COMPLET	E THE SI	ECTION BELOW	AFTER ALL	QUESTIO	NS HAV	E BEEN	ANSWE	RED		
Thi	s affidavit must be signed by	you in the	e presence of a notar	ry public and yo	our signatui	re notariz	ed.				
	wear (or affirm) that the foreg			e are true. I am	aware tha	it if any o	of the foreg	oing stat	em ents m	ade by me are	
Swe	orn and subscribed to before	me				Applica	ınt:				
this	day of	, 20	·			11	(.	Legal Sig	nature of	Applicant)	
Not	tary Public:					Date: _					



# State of New Jersey Casino Control Commission CASINO KEY EMPLOYEE REVIEW FINANCIAL STATEMENT

LAST NAME:	
FIRST NAME:	MI:
LICENSE NUMBER:	11

**INSTRUCTIONS:** Fill in all spaces; insert "NONE" where applicable. If more space is needed, attach separate schedules that should be clearly identified as being part of this statement. Such schedules should be signed and dated in the same manner as this statement.

ASSETS	COST AT DATE ACQUIRED OR PURCHASED (A)	CURRENT MARKET VALUE (B)	SPECIAL VALUATION DATE, IF ANY		LIABILITIES AND NET WORTH	ORIGINAL AMOUNT OF LIABILITY (C)	AMOUNT OUTSTANDING (D)
1. CASH a. ON HAND		a.		10	0. LOANS, NOTES & OTHER PAYABLES (SCHEDULE G)		
b. IN BANK (SCHEDULE A)		b.	b.	1	1. TAXES PAYABLE (SCHEDULE H)		
2. LOANS, NOTES AND OTHER RECEIVABLES (SCHEDULE B)				12	2. MORTGAGES OR LIENS ON REAL ESTATE (SCHEDULE I)		
3. SECURITIES (SCHEDULE C)				13	3. LOANS AGAINST INSURANCE/PENSION (SCHEDULE J)		
4. REAL ESTATE INTERESTS (SCHEDULE D)				14	4. OTHER INDEBTEDNESS (SCHEDULE K)		
5. CASH VALUE - LIFE INSURANCE (SCHEDULE E)				Т	OTAL LIABILITIES		
6. CASH VALUE - PENSION/ RETIREMENT FUNDS (SCHEDULE F)				T (f	TET WORTH  Total Assets  Trom Column B) Less  Total Liabilities		
7. VEHICLES				_	from Column D) CONTINGENT LIABILITIES		
8. FURNITURE/CLOTHING 9. OTHER ASSETS (ITEMIZE)				(I	TEMIZE)		
TOTAL ASSETS							

#### SUPPLEMENTARY SCHEDULES - Supplemental space available on page 6

**INSTRUCTIONS:** Fill in all spaces, insert "NONE" where applicable. Insert the totals from the **bold outlined columns** in these Supplementary Schedules in the appropriate space in the chart above. When using fill-in form, balance will automatically insert into financial statement from schedules.

A. CASH IN BANK - List all bank accounts (checking, savings, time deposits, certificates of deposit, money market funds, etc.) foreign and domestic, maintained by you, your spouse or dependent children. Identify with an asterisk (\*) any check writing accounts held with brokerage houses, insurance companies, etc.

Name and Address of Institution	Name of Person(s) Appearing on Account	Account Number	Type of Account	Date of Balance	Balance Enter as item 1b, column B

B. LOANS, NOTES AND OTHER RECEIVABLES - List all loans, notes, and other receivables held by you, your spouse or dependent children.

Self, Spouse or Dependent Child	Name and Address of Debtor	Interest Rate (%)	Original Loan Amount Enter as item 2 A.	Original Date of Loan/ Receivable	Date Due	Nature of Security, if any. Indicate if Unsecured	Current Balance Enter as item 2 B
Cilid	01 Dettol	(%)	Enter as item 2 A.	Receivable	Due	11 Unsecured	2 B

C. SECURITIES - List all stocks, bonds, mutual funds, commodity accounts, options, warrants, etc., held or controlled by you, your spouse or dependent children. Whenever interest exists through a mutual fund or holding company, the individual stocks or bonds held by such mutual fund or holding company need not be listed; whenever such interest exists through a beneficial interest in a trust, the securities held in such trust shall be listed if you, your spouse or dependent children have knowledge of what securities are so held. Indicate Publicly Traded Securities by an Asterisk (\*).

neid. Indicate r utility Traded Securities by an Asterisk (*).									
Self,	No. of		Issuing Company or	Date of	Percentage of			Current	
Spouse or	Securities	Type	Government	and Price	Ownership, if		Date	Market	
Dependent	or Contracts	of	Agency	at Purchase	greater	Registered Owner	of	Value	
Child	Held	Security		Enter as item 3 A	than 5%		Valuation	Enter as item 3 B	

				icate the location endent children,																	
Self, Spouse or Dependent Child		ou, y ou.	Addre Parcel/Lot	ess		Type of roperty	]	Date quired			duals of Sharin clude	r lg % of		Pur Pri % C	chase ice of Owned s item 4	Mor Rei Inco	nthly ntal	Ma of	stimated rket Value % Owned r as item 4 E		
																		-			
E GAGWAYA			DIGUD ANG	n rivel 1	1 6	11.1:6 :		11. 1	, ,	11				,	1 . 1:	.,					
Self, Spouse or Dependent Child		Date rchased	INSURANC	Insurance Car		ui nie ii	Policy Number			Beneficiary(ies)								Ann Prem Paym	ium		Nurrender Value r as item 5 E
E CASH VA	TIE	C DE	JSION/DETI	REMENT FUN	DC List	the end	h volue	of all no	ngio	n funda hal	d by ye	0	our on	anga I	naluda I	DA 4011/	and	KEOGL	I plana		
Self or Spouse	Type of Fund	;	Type of Securities Held	NEWENT TON	Employe			or an pe		Ac Nu	count mber, any	u or y	Tota Co	ntribut r as iter	loyee tion	Tota Employ Contribu	l yer	Cui	rrent Cash Value r as item 6 E		
G. LOANS,	NOTI	ES AND	OTHER PA	YABLES - List	all accour	ıts paya	ble (in	clude lin	es of	credit, inst	allmen	t loan:	s, revo	lving c	harge ac	counts an	d any	other ac	ecounts) for		
Self, Spous or Depende Child	se	ouse or y	our dependen  Name and A  of Credit		Accou Numbe	r, if	Date Incurr		ue ate	Interest Rate (%)	Natu of Acco		0	ginal A		Nature Securi	ty,	Current Amount Outstanding Enter as item 10 D			
			01 0104				1110411	- D		(,0)		Carre	Litte	1 45 100		n un	,	Ziitei .	is item to b		
H TAXES P	PAVA	RIF -	ist all real est	tate and income to	aves naval	ble for v	which y	VOIL VOIII	· snoi	ise or vour	denen	lent c	hildren	are ob	ligated						
Self, Spouse or Dependent Child			Tax Autho	ing	uxes puyu	0101	Natu of Ta	re	spor	Date and Origina Enter as	d Amor	unt of ation	f Fines, Penalties And Interest, An		Amou	Total Amount Due nter as item 11 D.					
I MODTCA	CES	OD I II	ENIC ON DE A	I ESTATE I	iat halavy	11 magnet	20222	an liana n	avala	la an raal a	atata fa	vv.la i	ah yyay			ur damanda	nt ob	ildran ar	ra abligatad		
Self, Spouse or Dependent Child	IGES		Name and Add of Mortgage or Lien Hold	lress ee	Account Number	D	ate urred	Origi Amou of Liabil Enter item 1	nal int lity	Description/ Address of Real Estate		N	Term of Interest Interest		riodic yment nount/ Pay eriod	Current					
J. LOANS A children.	GAIN	NST INS	SURANCE/PI	ENSION - List a	all loans a	gainst li	ife insu	rance po	licies	s, pension p	olans, 4	01K p	olans, e	etc., tak	en by yo	ou, your sp	pouse	or your	dependent		
Self, Spous or Depende Child			C	surance 'arrier/ sion Plan			Purpose Amou		Original mount of L ter as item	oan.	Inte Ra (%	te	Date of Loan		odic Paym Amount/ Pay Period		B	rent Loan Balance as item 13 [			
K. OTHER	INDE	BTEDN	I <b>ESS</b> - List ar	ny other indebted	ness for w	hich yo	ou, you	r spouse	or yo	ur depende	ent chil	dren a	re obli	igated.							
Self, Spouse or Dependent Child				nd Address Creditor		F	terest Rate (%)	Description of Liability, Type of Obligation and Nature of Security, if any		f Paure Due A		Periodic Payment Amount/ Pay Period		Original Amount of Liability Enter as item 14 C		4 C	Outstanding Amount of Indebtedness Enter as item 14 I				
financial corthat the title	nditio to all	n as of assets	the date indi therein set fo	y that all the sta cated. I further orth are in my r NDITION, I AG	certify t	hat I ha	ad no cept as TFY T	liabilitie s may be THE CA	es, di e oth SIN	rect, cont	ingent oted. If ROL C	or b	usines E EV	s exce ENT (	pt as se OF AN	et forth in Y MATE	this RIA	statem L ADV	ent, and ERSE		



# **CASINO CONTROL COMMISSION**

### **RELEASE AUTHORIZATION**

To All Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks Financial and Other Institutions, and All Governmental Agencies – federal, state and local, without exception, both foreign and domestic.

NAME:		LICENSE #	11
I have authorized the	New Jersey Casino C	ontrol Commission and	the New Jersey Division o
Gaming Enforcement to conduct a ful	II investigation into my I	background and activities	S.
Therefore, you are he	ereby authorized to r	elease any and all inf	formation pertaining to me
documentary or otherwise, as reques	sted by any employee o	or agent of the Division of	f Gaming Enforcement or the
Casino Control Commission, provided	d that he or she certifie	s to you that I have an ap	pplication pending before the
Casino Control Commission or that I	am presently a license	e, registrant or other pe	erson required to be qualified
under the provisions of the Casino Co	ontrol Act.		
This authorization shall	II supersede and cour	ntermand any prior requ	uest or authorization to the
contrary.			
A photo static copy of the	nis authorization will be	considered as effective	and valid as the original.
DATED:	(Signature	e of Applicant)	(LEGAL SIGNATURE)
Subscribed and sworn to			
before me this day			
of	, 20		
NOTARY PUBLIC			
SEAL OR AUTHORITY OF NOTARY	,		



## **State of New Jersey Casino Control Commission** CASINO KEY EMPLOYEE REVIEW

LAST NAME:	
FIRST NAME:	MI:
LICENSE NUMBER:	11

## ADDITIONAL SUPPLEMENTARY SCHEDULES

#### ADDITIONAL SUPPLEMENTARY SCHEDULES

<b>INSTRUCTIONS:</b> Fill in all spaces, insert "NONE"	where applicable. Insert the totals from the <b>bold o</b>	utlined columns in these Supplementary
Schedules in the appropriate space in the chart above.	When using fill-in form, balance will automaticall	y insert into financial statement from schedules.

A1. CASH IN BANK - List all bank accounts (checking, savings, time deposits, certificates of deposit, money market funds, etc.) foreign and domestic, maintained by you, your spouse or dependent children. Identify with an asterisk (\*) any check writing accounts held with brokerage houses, insurance companies, etc. Name of Person(s) Appearing Name and Account Type of Date of **Balance** Address of Institution on Account Number Account Balance Enter as item 1b, column B B1. LOANS, NOTES AND OTHER RECEIVABLES - List all loans, notes, and other receivables held by you, your spouse or dependent children. Nature of Current Security, if any. Spouse or Interest Original Loan Original Balance Dependent Name and Address Rate Date of Loan/ Enter as item Amount Date Indicate Child of Debtor (%) Enter as item 2 A. Receivable Due if Unsecured C1. SECURITIES - List all stocks, bonds, mutual funds, commodity accounts, options, warrants, etc., held or controlled by you, your spouse or dependent children. Whenever interest exists through a mutual fund or holding company, the individual stocks or bonds held by such mutual fund or holding company need not be listed; whenever such interest exists through a beneficial interest in a trust, the securities held in such trust shall be listed if you, your spouse or dependent children have knowledge of what securities are so held. Indicate Publicly Traded Securities by an Asterisk (\*). Issuing Company or Percentage of Current Self No of Date of Spouse or Securities Government and Price Ownership, if Date Market Type Agency Dependent or Contracts at Purchase Registered Owner of Value of greater Child Held Security Enter as item 3 A than 5% Valuation Enter as item 3 B D1. REAL ESTATE INTERESTS - Indicate the location, size, general nature, and acquisition date of any real property in which any direct, indirect, vested or contingent interest is held by you, your spouse or dependent children, along with the names of all individuals or entities who share a direct, indirect, vested or contingent interest therein. Self, Individuals or Purchase Monthly **Estimated** Spouse or **Entities Sharing** Price of Rental Type Market Value Dependent Interest (Include % of % Owned of % Owned Address of Date Income. Child Enter as item 4 A Parcel/Lot Number Property Acquired Ownership for Each) Enter as item 4 B if any E1. CASH VALUE - LIFE INSURANCE - List the cash value of all life insurance policies held by you, your spouse or your dependent children. Cash Surrender Self, Annual Spouse or Date Policy Face Premium Value Dependent Purchased Number Payments Insurance Carrier Beneficiary(ies) Value Enter as item 5 B Child F1. CASH VALUES - PENSION/RETIREMENT FUNDS - List the cash value of all pension funds held by you or your spouse. Include IRA, 401K and KEOGH plans. Self Type Type of Account Total Employee Total **Current Cash** Contribution Employer of Securities Number, Value Fund Contribution Enter as item 6 B Spouse Held Employer/Institution if any Enter as item 6 A G1. LOANS, NOTES AND OTHER PAYABLES - List all accounts payable (include lines of credit, installment loans, revolving charge accounts and any other accounts) for which you, your spouse or your dependent children are obligated. Self, Spouse Original Amount Account Interest Nature Nature of **Current Amount** Name and Address of of Liability Outstanding or Dependent Number, if Date Due Rate Security. Enter as item 10 D Child of Creditor Incurred Date Enter as item 10 C anv (%)Account if anv

H1. TAXES PAYABLE - List all real estate and income taxes payable for which you, your spouse or your dependent children are obligated. Self, Date and Amount of Fines, Penalties Total **Amount Due** Spouse or Taxing Nature **Original Obligation** And Interest, Dependent Authority of Tax Enter as item 11 C. if any Enter as item 11 D. Child

11. MORTGAGES OR LIENS ON REAL ESTATE - List below all mortgages or liens payable on real estate for which you, your spouse or dependent children are obligated.

Self, Spouse or Dependent Child	Name and Address of Mortgagee or Lien Holder	Account Number	Date Incurred	Original Amount of Liability Enter as item 12 C	Description/ Address of Real Estate	Term of Mortgage/ Interest Rate (%)	Periodic Payment Amount/ Pay Period	Current Mortgage Balance Enter as item 12 D

J1. LOANS AGAINST INSURANCE/PENSION - List all loans against life insurance policies, pension plans, 401K plans, etc., taken by you, your spouse or your dependent children.

dependent ennaren.							
Self, Spouse	Insurance		Original	Interest	Date	Periodic Payment	Current Loan
or Dependent	Carrier/	Purpose	Amount of Loan	Rate	of	Amount/	Balance
Child	Pension Plan	of Loan	Enter as item 13 C	(%)	Loan	Pay Period	Enter as item 13 D

K1. OTHER INDEBTEDNESS - List any other indebtedness for which you, your spouse or your dependent children are obligated.

Self, Spouse or		Interest	Description of Liability, Type of		Periodic Payment	Original Amount of	Outstanding Amount of
Dependent	Name and Address	Rate	Obligation and Nature	Due	Amount/	Liability	Indebtedness
Child	of Creditor	(%)	of Security, if any	Date	Pay Period	Enter as item 14 C	Enter as item 14 D

Add Additional Comments Below: